	UNITED STATES D SOUTHERN DISTRIC	
Re	enzer Bell	I OF NEW TORK
(fu	Il name of the plaintiff or petitioner applying (each person	
	ist submit a separate application))	CV () ()
	-against-	(Provide docket number, if available; if filing this with your complaint, you will not yet have a docket number.)
Ma	arc F. lozzo, Ogden Lincoln, Inc.,	
an	d Westmont Lincoln, LLC	
(fu	II name(s) of the defendant(s)/respondent(s))	
	APPLICATION TO PROCEED WITHO	OUT PREPAYING FEES OR COSTS
and	m a plaintiff/petitioner in this case and declare that I d I believe that I am entitled to the relief requested in occeed in forma pauperis (IFP) (without prepaying fees e:	this action. In support of this application to
1.	Are you incarcerated? Yes	■ No (If "No," go to Question 2.)
	I am being held at:	
	Do you receive any payment from this institution?	Yes No
	Monthly amount:	
	If I am a prisoner, see 28 U.S.C. § 1915(h), I have attached in the facility where I am incarcerated to dea and to send to the Court certified copies of my account. S.C. § 1915(a)(2), (b). I understand that this mean	duct the filing fee from my account in installments out that statements for the past six months. See 28
2.	Are you presently employed? Yes	■ No
	If "yes," my employer's name and address are:	
	Gross monthly pay or wages:	
	If "no," what was your last date of employment?	
	Gross monthly wages at the time:	No. 1. The Heat Inc.
3.	In addition to your income stated above (which you living at the same residence as you received more t following sources? Check all that apply.	
	(a) Business, profession, or other self-employment (b) Rent payments, interest, or dividends	Yes No

rel	ephone Number		E-mail Addre	ss (if availal	ole)					
57	dress 1-522-3134	City		State		o Code	, <u>.</u>			
1	me (Last, First, MI) 957 Shaker Falls Lane	Lawrence	Prison Identii Ville	fication # (if Geor		ted) 0045				
В	ell, Renzer - C/O Rodney Fin	kley	Signature	0			- II	, "		
De	ecember 26, 2022	my claims.	Re	1/22	E	Sall	厂			
Dei sta	claration: I declare under penalty of tement may result in a dismissal of	f perjury that th	ne above info	rmation i	s true. I	understand	l that a fa	lse		
3.	Do you have any debts or financia and to whom they are payable: N/A	ul obligations n	ot described	above? If	so, descr	ribe the am	ounts ow	red		
7.	List all people who are dependent much you contribute to their supp N/A	t on you for sup oort (only prov	oport, your re ide initials fo	elationshi r minors	ip with e under 18	each person 3):	, and hov	V		
5.	Do you have any housing, transport expenses? If so, describe and provides, I have utilities, and prospectives, and prospectives.	ride the amoun	t of the mont	hly exper	nse:	77 - , , , , , , , ,	nthly			
5.	Do you own any automobile, real estate, stock, bond, security, trust, jewelry, art work, or other financial instrument or thing of value, including any item of value held in someone else's name? If so, describe the property and its approximate value: Yes, I have judgments, and accounts receivable									
4.	How much money do you have in cash or in a checking, savings, or inmate account? Zero									
	If you answered "Yes" to any que money and state the amount that Periodically, I receive paym delinquent accounts receive \$800.00 per month. I am ur If you answered "No" to all of the	you received a nent from the able which to nable to proje	nd what you sale of a co taled apprect future in	expect to commod oximate ncome a	receive ity, or fi ly \$700 at this ti	in the futu rom).00 to me.	re.			
	(g) Any other sources				Yes		No			
	(f) Any other public benefits (un food stamps, veteran's, etc.)	employment, s	ocial security	,	Yes		No			
	(e) Gifts or inheritances				Yes		No			
	(d) Disability or worker's compe				Yes Yes		No No			
	(c) Pension, annuity, or life insur	rance naument			Voc		NI			